CREDENTIALS EVALUATION OF HEALTH CARE PRACTITIONERS

AUTHORITY: Title 10, U.S.C. Chapter 55 and Sections 8067 and 8012.

PRINCIPAL PURPOSE(S): To evaluate each practitioner's formal education, training, clinical experience, and evidence of physical, moral, and ethical capacities and to assist the Credentials Committee in making recommendations with regard to the practitioner's competence to treat certain conditions and perform certain medical/dental procedures.

ROUTINE USE(S): Information may be released to government boards or agencies or professional societies or organizations if needed to license or monitor professional standards of health care practitioners. It may also be released to civilian medical institutions or organizations where the practitioner is applying for staff privileges during or after separating from the service.

DISCLOSURE IS VOLUNTARY: However, failure to provide informati	ion m	ay res	ult in the limit	ation or termi	nation of	clinica	l privileges.		<u>. </u>
			PRACTITIO						
1. NAME (Last, First, Middle Initial)						2, SSN			
REL I hereby release from liability all officials of the United States Air For performed in good faith and without malice in connection with evaluati by release from liability any and all individuals and organizations who, i United States Air Force, including medical facility officers, or to the authors, character and other qualifications for staff appointment and clinical contractions.	orce ir ing or in goo thoriz	ncludir action od faith zed me	n concerning m h and without i edical staff repi	iy application malice, provid resentatives, c	and my cr le any and oncerning	redenti: l all info ; my pro	als and qualificati ormation to offic ofessional practic	ions. I he ials of the e, compe	ere- e etence,
3. SIGNATURE						4. DA	ATE .	· · · · · · · · · · · · · · · · · · ·	
TO DE CON	NDI E.	TED	BY EVALUAT	OR			·		
II. TO BE COM 5. NAME OF INSTITUTION WHERE ABOVE PRACTITIONER PRAC			6.		ATES AT	INSTIT	TUTION		
STATE OF THE PROPERTY OF THE P		L	FROM			то			
7. STATUS OF PRACTITIONER (Staff, Resident, etc.)			IN AT THI	S FACILITY			ITIONER HAD P		
9. The following evaluation is based on demonstrated perform level of training, experience and background:	ance	com	pared to that	reasonably	expected	lofa	practitioner at 1		
PERFORMANCE (Mark "X" in appropriate block for each item listed)	_		POOR	FAIR	GOO)D	SUPERIOR	NO OBSEF	RVED
A. BASIC PROFESSIONAL KNOWLEDGE								L	
B. PROFESSIONAL JUDGMENT									
C. SENSE OF RESPONSIBILITY		<u> </u>				_			
D. ETHICAL CONDUCT									
E. COMPETENCE AND SKILL					1				
F. COOPERATIVENESS, ABILITY TO WORK WITH OTHERS		<u> </u>		1				<u> </u>	
G. APPEARANCE				<u> </u>	1				· · · · · · · · · · · · · · · · · · ·
H. HISTORY AND PHYSICAL EXAM			 		 				
I. RECORD KEEPING		}	 		 			<u> </u>	
J. CASE PRESENTATIONS					 		1		
J. CASE PRESENTATIONS K. PATIENT MANAGEMENT				 	 				
L. PRACTITIONER - PATIENT RELATIONS					 				
M. ABILITY TO WRITE AND SPEAK ENGLISH			 	 	 		-		
M. ABILITY TO WRITE AND SPEAK ENGLISH N. PARTICIPATION IN STAFF AND COMMITTEE ACTIVITIES			 	 	 		 	1	
N. PARTICIPATION IN STAFF AND COMMITTEE ACTIVITIES O. REGULARLY OBTAINED CONSULTATIONS WHEN NEEDED			 	 	 		 	 	
10. If the answer to any of the following questions is "YES"; space is needed, continue on a separate sheet of paper and atta To your knowledge has the applicant:	pleas	e give	full details i form. Be sur	in the Remainse to identify	rks Section ritem by	on on numl	reverse. If addi ber.	tional	
A. EVER HAD HIS OR HER LICENSE TO PRACTICE IN ANY JURISDICTION LIMITED, SUSPENDED, OR REVOKED?	YES	NO					LONY CASE?	YE	s NO
B. EVER BEEN REFUSED MEMBERSHIP ON A MEDICAL STAFF?			H. HAD ANY SIGNIFICANT MEDICAL OR MENTAL HEALTH PROBLEMS WHICH COULD AFFECT WORK PERFORMANCE?						
C. EVER HAD A REQUEST FOR SPECIFIC PRIVILEGES DENIED OR GRANTED WITH STATED LIMITATIONS?				EEN A DEFEI ACTICE ACTI		RTHE	E SUBJECT OF A	<u> </u>	
D. EVER HAD PRIVILEGES AT ANY HOSPITAL SUSPENDED, LIMITED, OR REVOKED?				" WAS THE M					
E. EVER HAD NARCOTICS REGISTRATION SUSPENDED OR REVOKED?				LED PRIOR					
F. EVER BEEN ARRESTED OR TREATED FOR DRUG OR ALCOHOL ABUSE?			(3) DEFENDANT FOUND LIABLE?						

A. REVIEWED PRIVILEGE LIST FROM	B. UPON REVIEW OF THE PRIVILEGE LIS	F THE PRIVILEGE LIST, DO YOU HAVE ANY					
AIR FORCE RECRUITING PERSONNEL	B. UPON REVIEW OF THE PRIVILEGE LIST, DO YOU HAVE ANY RESERVATIONS ABOUT THE PRACTITIONER EXERCISING ALL PRIVILEGES LISTED?						
PRACTITIONER'S AIR FORCE CREDENTIAL FILE	YES (If yes, please explain in "Remark	e,") 🔲 NO					
OTHER CIVILIAN (Describe in "Remarks.")							
12. NUMBER OF YEARS YOU HAVE KNOWN THE APPLICANT	13. BEST TELEPHONE NUMBER TO CONT	ACT YOU					
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14. REMARKS (Please add any other information you think appropriate in evalu	ating this applicant.)						
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		, '					
		•					
15. NAME AND TITLE OF EVALUATOR 16. SIGNA	TILDE	17, DATE					